

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000093961

FILED
Mar 31, 2004
Secretary of State

Entity Name: I & B MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1190 N.W. 95 STREET
SUITE #405
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

1190 N.W. 95 STREET
SUITE #405
MIAMI, FL 33150

New Mailing Address:

FEI Number: 22-3830967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, BERNARD H
847 NW 119 STREET STE # 205
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

LIEBMAN, MARK
16211 NE 19 AVE
NORTH MIAMI BEACH, FL 33162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK LIEBMAN

03/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: INNOCENT, CLAUDE A
Address: 5705 NORTHWEST 109TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: SVD () Delete
Name: BREZAULT, ALANDE
Address: 5705 NORTHWEST 109TH AVENUE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: INNOCENT, CLAUDE A
Address: 10224 NW 44 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: SVD (X) Change () Addition
Name: BREZAULT, ALANDE
Address: 10224 NW 44 TERRACE
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE A. INNOCENT

PTD

03/31/2004

Electronic Signature of Signing Officer or Director

Date